



Mayne Investments Limited
CHANGE OF DISTRIBUTION PAYMENT

NAME: _____

MEMBER NO(s): _____

Please note a change of instruction for payment of distribution on the above investment account as follows: -

Name of Bank: _____

Name of A/c: _____

Branch: _____ BSB: _____

Account No: _____

This instruction will remain in force until further written notice.

UNIT HOLDER'S SIGNATURE

UNIT HOLDER'S SIGNATURE

DATED: _____